

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SNT	68903	12/5/99
O.I.P.E. CLASSIFIER	MTW	5a	12-11-99
FORMALITY REVIEW	KAS	610080	3/6/2000
RESPONSE FORMALITY REVIEW			4/18/2000

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim#	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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